State of Arizona - Office of the Secretary of State Trade Name ~ Trademark Amendment

SEND BY MAIL TO:
Secretary of State Michele Reagan, Atten: Trade Name/Trademark Division 1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:

PHOENIX - State Capitol Executive Tower, 1700 W. Washington Street, 1st Fl., Room 103 **TUCSON** - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141 Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

IN-PERSON ONLY - We accept major credit cards and bank debit cards.

PLEASE NOTE: The amendment of a Trade Name or Trademark is not legally required in Arizona, but is an accepted business practice. The amendment is a public record and does not constitute exclusive rights to the holder of the Trade Name or Trademark.

(Notary Public)

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY SOSBSTN-TM AMENDMENT REV. 3/12/2015

(Notary Public)

Owner(s) already registered with the office shall use this form to AMEND a Trade Name/Trademark. Applicants must be at least 18. This application must be signed, dated and notarized

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill out this application online at www.azsos.gov and print it.

Filing Fee and Payment: \$3: expedited service, include an additional \$25

Processing: 2-3 weeks. Ownership Change: To transfer the ownership of a Trade Name use the Trade Name Assignment Application. To transfer the ownership of a Trademark use the Trademark Assignment Application.					If filing by mail, make checks or money orders payable to the: Secretary of State. Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842. Website: All forms are available online at www.azsos.gov .						
1. Name, title or design					SPA	CE BELOW F	OR OFFICE	USE ONLY -	VALIDATION A	REA	
Trade Name Trade Name Number: Trademark Trademark											
Trade Name/Trademar	rk Description	1									
2. Entity Type and Ov	vner Name ON FIL	E - What perso	n/entity currently	functions as t	the owner of t	his trade nan	ne/tradema	rk? CHOOS	SE ONLY ONE		
2. Entity Type and Owner Name ON FILE - What person/entity currently is A. SOLE PROPRIETORSHIP (one person) B. ASSOCIATION							RGANIZA				
Owner's First and Last Name			ciation Name		Organiza			zation Name			
D. PARTNERSHIP	[List name(s)]	-				-					
Either provide the partr		R multiple indivi	duals by the App	plicants' First	and Last Na	me					
E. CORPORATION *					F. ☐ LIMITED LIABILITY COMPANY (LLC) *						
Corporation Name				Limited Liability Company Name							
*Corporation/LLC: If check	ked the owner must be	e on the Arizona (Corporation Comm	ission's website	e as a membe	r/officer. The a	application v	vill be return	ed if not incor	porated.	
					1. OTHER (If other, please indicate type. Examples: firm, society, foundation, federation)						
Foreign Corporation Na	me			Other Name							
3. Legal Name Chang	e ~ Check appropr	iate box, fill in n	ame change, at	tach name ch	ange docum	entation.					
Reason for Name Chang Marriage Divorce		ner, specify	Former	Name		N	lew Name				
4. Address Change A	Addresses must be	complete as the	ey are used to m	nail certificate	s and renew	al notices.					
Former Mailing Address	•			City				State	Zip Code		
New Mailing Address				City	City			State	Zip Code		
5. Phone Number Cha	ange			6	. Nature of	Business C	hange (Se	ee A.R.S.	44 § 1449)		
Previous Phone Number New Phone Number				1	Nature of Bus	iness					
()		()									
5. Applicant's Signatu		ants are listed	in Section 2D,								
1 st Signer's Printed Name				2 nd Signer's Printed Name (if applicable)							
1 st Signer's Signature			Date	2 nd Signer	's Signature				Date		
State of Arizona County of))		State of Ariz	ona)					
	On this day of	of	, 20			On this _	day of	:		, 20	
	/NI===	o of Dorson Are	ring Before the Nota				/No	of Doroon A	ppearing Before	the Note:	
	(Nam personally ap he/she sig	hat		pe	rsonally app	eared before	ppearing Before me and acknow ment for it's stat	wledged that			